

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90053 019 ***150.00

DOCUMENT # P97000042809

1. Corporation Name
PC CENTRAL, INC.



Principal Place of Business
**210 SOUTH SEMORAN BLVD.
ORLANDO FL 32807**

Mailing Address
**210 SOUTH SEMORAN BLVD.
ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GIAMMARRUSCO, JOSEPH G
204 SOUTH SEMORAN BLVD.
ORLANDO FL 32807**

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

59-3445556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPCF	<input checked="" type="checkbox"/> DELETE
NAME	ENIX, DAVID	
STREET ADDRESS	11313 DAVISON LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	CE	<input type="checkbox"/> DELETE
NAME	PERROTTI, FRED O	
STREET ADDRESS	8012 OLD TOWN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PERROTTI, ROBERT	
STREET ADDRESS	926 GROVESMERE LOOP	
CITY-ST-ZIP	OCOOE FL 32819	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	GRIMMARRUSCO, JOSEPH	
STREET ADDRESS	2956 BAYHEAD RUN	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERROTTI, FRED	
STREET ADDRESS	8012 OLD TOWN DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PERROTTI, JOHN	
1.3 STREET ADDRESS	5427 RUSTIC PINE COURT	
1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
2.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PERROTTI, FRED O.	
2.3 STREET ADDRESS	8012 OLD TOWN DRIVE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
3.1 TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PERROTTI, ROBERT S.	
3.3 STREET ADDRESS	926 GROVESMERE LOOP	
3.4 CITY-ST-ZIP	OCOOE, FL 34761	
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GIAMMARRUSCO, JOSEPH	
4.3 STREET ADDRESS	1491 RIDGE TOP WAY	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34625	
5.1 TITLE		<input type="checkbox"/> Change
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MOLINA, JAVIER	
6.3 STREET ADDRESS	3717 CRESCENT PARK BLVD.	
6.4 CITY-ST-ZIP	ORLANDO, FL 32812	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)